

APPLICATION DATA SHEET**Application Information****Application number::****Filing Date::****Application Type::** Regular**Subject Matter::** Utility**Suggested classification::****Suggested Group Art Unit::****CD-ROM or CD-R?::** None**Number of CD disks::****Number of copies of CDs::****Sequence submission?::** Yes**Computer Readable Form (CRF)?::** Yes**Number of copies of CRF::** 1**Title ::** NOVEL ABCB9 TRANSPORTER AND USES
THEREOF**Attorney Docket Number::** 100103.407C1**Request for Early Publication?::** No**Request for Non-Publication?::** No**Suggested Drawing Figure::****Total Drawing Sheets::** 8**Small Entity?::** Yes**Petition included?::** No**Petition Type::****Licensed U.S. Gov't Agency::****Contract or Grant No::****Secrecy Order in Parent Appl.?::** No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Victor
Middle Name::	
Family Name::	Ling
Name Suffix::	
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State or Province of Residence::	British Columbia
Country of Residence::	Canada
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City of mailing address::	Vancouver
State or Province of mailing address::	British Columbia
Country of mailing address::	Canada
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Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Michelle
Middle Name::	L.
Family Name::	Pollard
Name Suffix::	
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State or Province of Residence::	British Columbia
Country of Residence::	Canada
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City of mailing address::	Vancouver
State or Province of mailing address::	British Columbia
Country of mailing address::	Canada
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Third Applicant Information

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Primary Citizenship Country::	Canada
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Family Name::	Connop
Name Suffix::	
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State or Province of Residence::	British Columbia
Country of Residence::	Canada
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City of mailing address::	Vancouver
State or Province of mailing address::	British Columbia
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6K 2G3

Fourth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Fang
Middle Name::	
Family Name::	Zhang
Name Suffix::	
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State or Province of mailing address::	British Columbia
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V8W 3P6

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation	09/724,653	11/28/00
09/724,653	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/167,930	11/29/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Active Pass Pharmaceuticals, Inc.
Street of mailing address::	520 West Sixth Avenue Suite 400
City of mailing address::	Vancouver
State or Province of mailing address::	British Columbia
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 4H5